

Section Two: To be completed by Employee

List any notable obstacles you encountered in performing your Major Job Responsibility & Essential Functions during the evaluation period.

Do you have any questions about what is expected of you in your Major Job Responsibility & Essential Functions? Please explain.

How can we work together to help you improve in the above areas?

In your current position, what additional training would be helpful in preparing you to do your job more effectively?

Is there anything else you would like to include in this Performance Improvement Plan?

Upon establishment of this plan, obtain the following signatures. Give one copy to the employee, and maintain the other in the departmental file. Failure to achieve and sustain improvement may lead to further corrective action.

Employee Signature: _____ Date: ____/____/____

Immediate Supervisor Signature: _____ Date: ____/____/____

Next Level Supervisor Signature: _____ Date: ____/____/____

Section Three: Follow-Up

The supervisor must conduct and document a follow-up review 30 to 90 days after the establishment of the Performance Improvement Plan. This follow-up may indicate a need for an additional review.

Dates of follow-up discussions with employee:

_____	_____	_____
_____	_____	_____

Status: Resolved Other (explain)

**If not resolved after 90 days, contact Employee Relations to determine appropriate action.*

Follow-up Review Signatures:

Employee Signature: _____ Date: ____/____/____

Immediate Supervisor Signature: _____ Date: ____/____/____

Next Level Supervisor Signature: _____ Date: ____/____/____

Note: When the Performance Improvement Plan is completed and signed, provide a copy to the employee, retain a copy for department file, and send original to Human Resources, Room 21A Scovell Hall, 0064.